Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS .			35				ſ	RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			かく minus 20=		* (5			X\$ 9=		OR	X\$18=	270
INDEPENDENT CLAIMS			√ mi	nus 3 =	* <u>J</u>			X42=		OR	X84=	148
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT		<del></del>			+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in c						olumn 2	L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY OR			OTHER THAN SMALL ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	IEST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	5 OL 415 5			X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		1	+140=		OR	+280=	
( 41 -09 // /							L	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)	7					
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	i
AME	Independent	*	Minus	***	- CLAIRA	-		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							1	+140=		OR	+280=	•
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE	
_												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***			11	X42=		OR	X84=	
<u>L</u>	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN'	T CLAIM		1				<b></b>	
										OR	+280=	<u> </u>
** If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		nber Previously Pa					er fou	nd in the app	propriate box	κ in co	lumn 1.	